

**Volunteer/Dean Faculty Users**  
**Access to Clinical Information Systems**

**TO BE FILLED OUT/REVISED BY Dept/Program Secretary**

User ID (assigned by IT): \_\_\_\_\_

- NEW/As of: \_\_\_\_\_ Expected End Date: \_\_\_\_\_ (June 30<sup>th</sup> of current Clinical Year)
- EXPIRE/ As of: \_\_\_\_\_
- EXTEND/NewEndDate \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

User Office/Room Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**(Required) Last 4 digits of SSN or dob(mm/dd/yyyy)** \_\_\_\_\_

If you have you ever been a User at UM Dental School?

Dates of service: \_\_\_\_\_ Name during service: \_\_\_\_\_ Past ID or Provider#, if known: \_\_\_\_\_

**Clinical, Evaluation and Appointment Access selection: circle and/or enter info**

Application:           Axium           Romexis

Main Assignment:   Clinic: \_\_\_\_\_ and/or   Pre-Clinical Simulation Yes / No

Allow access to other:   Clinics: \_\_\_\_\_

**PRINTED NAME and Signature Authorizations:**

1..Dept/Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Dept/Program: \_\_\_\_\_ Phone \_\_\_\_\_  
*(Dept/Program chair; Please Print Name and Sign)*

*Upon completion, please submit to Debbie Horstman, Volunteer Faculty Office, for Approval and submittal to OIT*

Dean's Faculty Office Approval: \_\_\_\_\_ Date \_\_\_\_\_  
*(Debbie Horstman or Dr. Morganstein)*